

STATE OF SOUTH CAROLINA DEPARTMENT OF INSURANCE

1201 Main Street, Suite 1000 Columbia, SC 29201 - P O Box 100105 Columbia, South Carolina 29202-3105
PHONE: (803) 737-6180 or 1-800-768-3467 - FAX: (803) 737-6231 - E-MAIL: consumers@doi.sc.gov

CONSUMER COMPLAINT FORM

1. Name:		E-Mail:	
Insured (If different from above):			
Street Address:			
City:	County:	State:	Zip Code:
Phone number where you can be reached between 8:30am – 5:00pm:			

2. I am filing this complaint as the:

☐ Insured ☐ Agent ☐ Medical Provider ☐ Third Party ☐ Beneficiary ☐ Other (Specify) _____

3. Policy #:	Claim #:	ID #:	Date of Loss:
4. Name of Insurance Company Involved:			
5. If Group Medical Plan, Name of Employer offering coverage:			
6. Name of Agent/Adjuster:		Phone #:	

7. Type of Insurance (check one or more) ☐ Auto ☐ Home ☐ Business ☐ Life/Annuity ☐ Credit ☐ Group Acc/Health
☐ Long Term Care ☐ Other (Specify): _____

8. Reason For Complaint (check one or more) ☐ Claim Denial/Delay ☐ Agent Handling ☐ Cancellation ☐ Unsatisfactory Offer
☐ Premium Problem ☐ Premium Refund ☐ Non-Renewal ☐ Other (specify): _____

9. Cause of discrimination based on (check if any apply): ☐ Race ☐ Color ☐ Sex ☐ National Origin ☐ Age
☐ Location of Residence ☐ Income Level ☐ Marital Status ☐ Ancestry

10. Does an Attorney represent you? ☐ Yes ☐ No Please provide the Name, Address & Phone # of Attorney:

11. Have you previously written or faxed to the SC Department of Insurance regarding this matter: ☐ Yes ☐ No
If yes, when? _____

12. Please describe your problem in detail. Important papers, letters, or other information, if they relate to your problem can be **SCANNED and attached to your email submission**. If your complaint is being mailed, PLEASE DO NOT SEND ORIGINAL DOCUMENTS. What would you consider to be a fair resolution of your problem?
Attach additional pages, if necessary.

- INFORMATION REGARDING SELF-FUNDED EMPLOYER BENEFITS PLANS: Disputes involving SELF-Funded Employer Benefit Plans come under the jurisdiction of the United States Department of Labor. 1-866-275-7922.
- South Carolina State Employees or Retirees medical, dental, disability and long term care issues come under the jurisdiction of the SC State Insurance Plan: 1-888-260-9430 or 803-734-0678.

Consent to Release Information: The information I have given above is true and accurate to the best of my knowledge. This information may be forwarded to the insurance company, if necessary for the investigation of this matter. I understand that under South Carolina's Freedom of Information Act this complaint becomes a public record once my file is closed. (Medical and personal records will remain confidential).

Signature

Date

☐ By checking this box and submitting this complaint form via e-mail to the S.C. Department of Insurance, I authorize them to pursue resolution of my complaint against the above named entity or Individual.